

Photo: RLT Images/Getty Images

COVID-19 Vaccine –Operation Readiness

November 24, 2020



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DISCLAIMER

The information presented today is based on CDC's recent guidance and MAY change.

November 23, 2020

Discussion Topics

- Opening Remarks
- Vaccine Updates
- Provider Enrollment
- Expert Vaccine Allocation Panel
- Q&A

Vaccine Updates



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COVID-19 Vaccine Landscape

Manufacturer	Platform	Age Group	Doses needed ²	Timing	Storage/Handling
Moderna¹	mRNA	≥18 years	2	0, 28 days	Frozen 30 days refrigerated
Pfizer/BioNTech¹	mRNA	≥ 12 years	2	0, 21 days	Ultra Cold Frozen 5 days refrigerated
AstraZeneca/Oxford₁	Non-replicating Viral Vector	≥18 years	2	0, 28 days	Refrigerated
Janssen/Johnson & Johnson ¹	Non-replicating Viral Vector	≥18 years	1	N/A	Frozen 3 months refrigerated
Novavax	Recombinant Protein Subunit	≥18 years	2	0, 21 days	Refrigerated
Sanofi/GSK	Recombinant Protein Subunit	TBD	2	TBD	Refrigerated

1. Phase 3
2: Intramuscular injection



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COVID-19 Vaccine Updates

AstraZeneca Candidate

- AstraZeneca is the third company to announce the positive interim analysis of their Phase 3 trial of COVID-19 vaccine candidate (AZD1222) in the **UK and Brazil**.
- The interim analysis is based on 131 COVID-19 cases.
- Two different dosing regimens demonstrated efficacy with one showing a better profile
 - One dosing regimen (n=2,741) showed vaccine efficacy of 90% when AZD1222 was given as a half dose, followed by a full dose at least one month apart.
 - Another dosing regimen (n=8,895) showed 62% efficacy when given as two full doses at least one month apart.
 - The combined analysis from both dosing regimens (n=11,636) resulted in an average efficacy of 70% ($p \leq 0.0001$).
 - Half dose ($\sim 2.5 \times 10^{10}$ viral particles) or full dose ($\sim 5 \times 10^{10}$ viral particles) of AZD1222.
 - No hospitalizations or severe cases of COVID-19 in participants treated with AZD122.
- The US Phase 3 study is still ongoing.



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COVID-19 Vaccine Updates

Regulatory Updates

- The FDA has confirmed the date for its advisory committee (VRBPAC-Vaccine Related Biological Products Committee) on December 10th.
 - This will be a publicly-held meeting.
- VRBPAC will provide a recommendation to the FDA on whether or not to authorize the vaccine for emergency use, with the FDA making the final decision.
- Upon the issuance of an EUA for a vaccine by the FDA, the Advisory Committee on Immunization Practices (ACIP) will quickly hold a public meeting to review all available data about the vaccine.
- ACIP will vote on whether to recommend the vaccine, and if so, who should receive it and who should receive COVID-19 vaccines if supply is limited.



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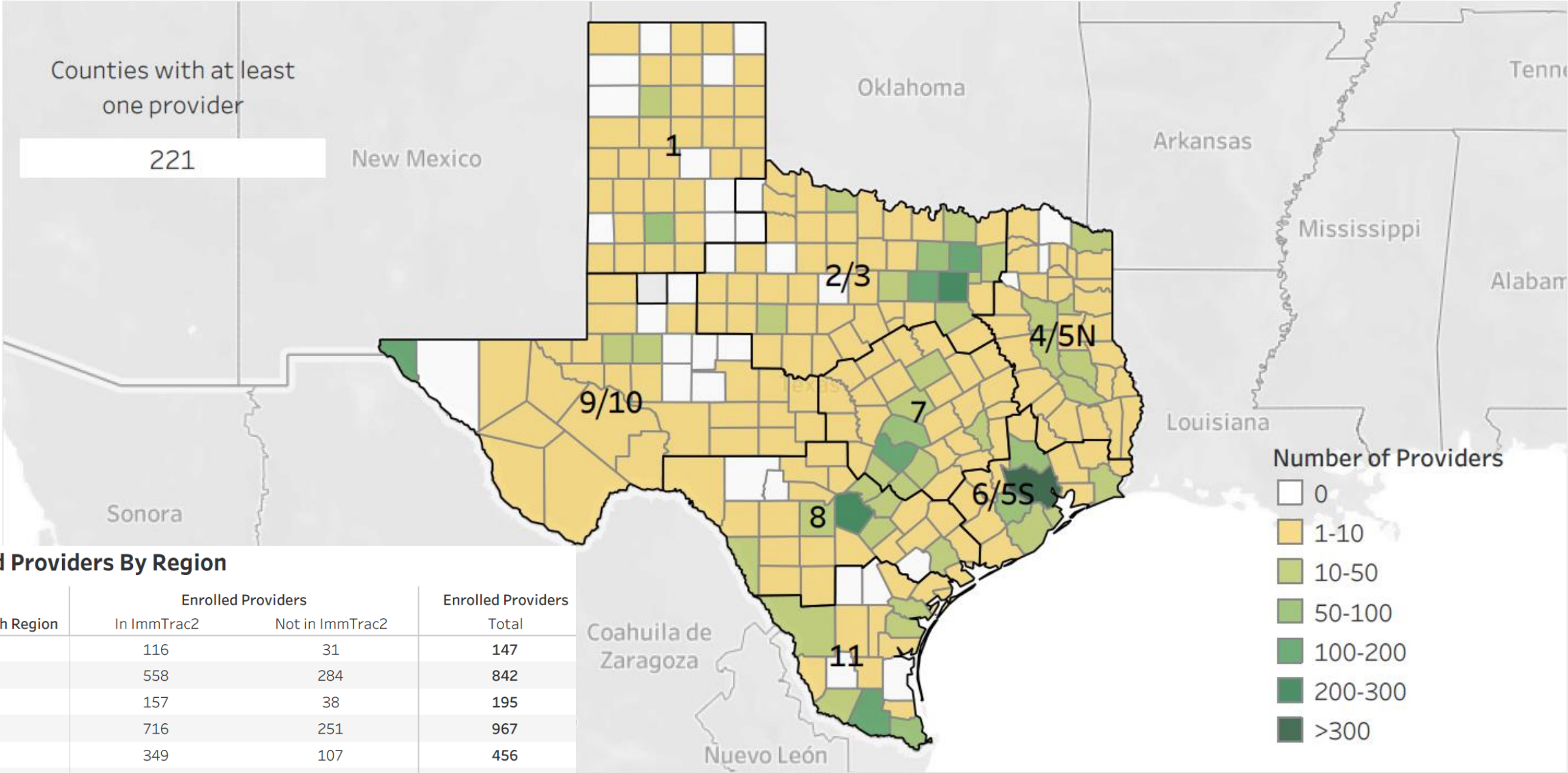
Provider Enrollment



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COVID-19 Enrolled Vaccine Providers by County



Enrolled Providers By Region

Public Health Region	Enrolled Providers		Enrolled Providers Total
	In ImmTrac2	Not in ImmTrac2	
1	116	31	147
2/3	558	284	842
4/5N	157	38	195
6/5S	716	251	967
7	349	107	456
8	307	85	392
9/10	188	66	254
11	369	54	423
Texas	2,760	916	3,676

Counties with No Providers

Public Health Region					
1	2/3	4/5N	8	9/10	11
BRISCOE	COTTLE	FRANKLIN	EDWARDS	BORDEN	JIM HOGG
COCHRAN	HASKELL	RAINS	GOLIAD	COKE	KENEDY
DICKENS	KENT	RED RIVER	REAL	DAWSON	LIVE OAK
HARTLEY	STEPHENS			GLASSCOCK	MCMULLEN
KING				HUDSPETH	
LIPSCOMB				IRION	
MOTLEY				MARTIN	
OLDHAM				REAGAN	
ROBERTS				STERLING	
SHERMAN					

Local and Regional Microplanning

- Ensure all your local public health clinics are enrolled as providers
- Engage hospitals in your community to ensure they are ready to receive vaccine in December and know how they intend to engage beyond the hospital walls
- Identify counties or areas with no providers
- Use local knowledge to increase vaccine providers
 - Those that are active in ASN or TVFC, pharmacies, FQHCs and RHCs, especially those medical offices that see adults and reach out in areas with gaps
 - Areas with no providers, or adjacent areas that may have more potential providers



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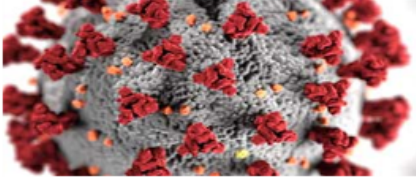
Pandemic Provider Registration

Home Register Contact Us

Welcome to the Texas DSHS Immunization Program Portal

Here health care providers and pharmacies may register to be considered to receive COVID-19 vaccine.

Pandemic Vaccine Provider Registration



COVID-19

Click to Register

Returning Users

Username:

Password:

Login Clear

[Forgot Password.](#)

Browser Compatibility Notice

For the best results using this application use Google Chrome or Microsoft Edge.

Please allow up to 14 days for processing of enrollment during this busy time.



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<https://enrolltexasiz.dshs.texas.gov/emrlogin.asp>


Pandemic Provider Registration

Contact Us




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Contact Us



ImmTrac2 Immunization Registry
Email: ImmTrac2@dshs.texas.gov
Toll-Free: (800) 348-9158

COVID-19 Registration Support
Email: COVID19VacEnroll@dshs.texas.gov
Toll-Free: (877) 835-7750


Submit a Message to Immunization Service

Please provide us the following information:

Company*	<input type="text"/>	Company Type*	<input type="text"/>
First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Phone Number*	<input type="text"/>	Email Address*	<input type="text"/>
Select Program*		<input type="text"/>	
Select Type of Request*		<input type="text"/>	

Type your message below:

* Required

☐ I'm not a robot 
reCAPTCHA
[Privacy](#) - [Terms](#)


Pandemic Provider Registration

The following items are collected during the registration process:

- Organization information
- Primary and Secondary site contact
- Fridge/Freezer/Ultra-Cold Storage capability
- Prescribing Providers
- Patient population



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PANDEMIC PROVIDER ENROLLMENT

Enroll to request COVID-19 Vaccine

In order to receive COVID-19 vaccine, you must enroll with Texas DSHS.

You will need to provide the following information to complete enrollment.

- Confirm location and shipping address
- Provide days and times of the week when shipments of vaccine can be received.
- **PLEASE NOTE:** You **MUST HAVE** at least one (1) day other than a Monday, which has a four (4) hour designated window for delivery of your vaccine shipment. For example: Thursday 8am to 12pm.

Proof of Vaccine Storage Capacity (On site refrigeration and freezer appliances)

Information needed for each appliance:

- Storage Unit Location (within the facility)
- Brand and Model
- Storage Capacity (cubic feet)
- Use [Primary, Backup/Overflow, Day Use]
- Refrigerator Type [Under the counter (freezerless), Standalone (freezerless), Combination (Single Control), Combination (Dual Control), Other]
- Refrigerator Grade [Household, Commercial, Medical/Laboratory/Pharmaceutical]
- Freezer Type [Standalone Upright, Standalone Chest, Combination (Single Control), Combination (Dual Control), Other]
- Freezer Grade [Household, Commercial, Medical/Laboratory/Pharmaceutical]

Needed Data Logger Information (for refrigerators, freezer and backup freezer data logger)

- Data Logger Type [Built-In, Digital Data Logger (WiFi), Digital Data Logger (Wired), Other]
- Brand and Model
- Serial Number
- Calibration Expiration Date [Proof for each Data Logger of a calibration certificate not expiring within 60 days of submitting your enrollment request.]

Vaccine Administering Capacity

- This is the number of medical practitioners currently licensed in the state of Texas working in the facility who have Prescribing Authority.

Patient Profile

- Information pertaining to the current patients served in the facility. (ex. Children, Adults and high-risk categories.)

[Enroll Now](#)[SKIP](#)

Pandemic Provider Registration

- Organization Name (less than 40 characters in length)
- Organization's Physical and Mailing Address
- Organization's Phone Number (main phone number)
- Organization's fax number

Tip: No special characters in name or mailing address



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Location and Shipping

Pandemic Vaccine Coordinators

Delivery Times

Vaccine Storage Capacity

Prescribing Providers

Patient Profile

Administration and Reporting

Responsible Officers

Provider Agreements

PANDEMIC PROVIDER ENROLLMENT
Enroll to request COVID-19 Vaccine

Location and Shipping address

Confirm the physical address on file below

*Facility NamePauls Fourteenth Pediatric PracticeTVFC/ASN PIN #

*Facility Address1100 W. 49thSuite #

*CityAustin*StateTexas*Zip78756

*CountyTRAVIS*CountryUnited States

Telephone*5123456789Fax

*Will another organization location order COVID-19 Vaccine for this site? ☐ Yes ☒ No

Shipping Address

Please provide the address of location where vaccine inventory should be shipped to.

☐ Same as physical address above

Shipping AddressSuite #

CityStateTexasZip

CountyCountryUnited States

Address of Location Where Vaccine will be Administered

Please provide the address of the location where vaccine will be administered to the patients.

☐ Same as physical address above

AddressSuite #

CityStateZip

CountyCountry

Save & Continue

Save & Exit


Pandemic Provider Registration

- Your Contact Information: First and last name, phone number, and a unique email address
- Organization's Point of Contact: First and last name, phone number, and unique email address

Tip: email addresses must not exceed 40 characters



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Location and Shipping ✓	 <h2>PANDEMIC PROVIDER ENROLLMENT</h2> <p>Enroll to request COVID-19 Vaccine</p> <hr/> <h3>Pandemic Vaccine Coordinators</h3> <p>Designate the primary and backup pandemic vaccine coordinators for this facility. The coordinators will become the main point-of-contact for vaccine distribution, accountability and other communications.</p> <div><h4>Primary Vaccine Coordinator</h4><p>*Last Name <input type="text"/> *First Name <input type="text"/> MI <input type="text"/></p><p>*Telephone <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/> *Email <input type="text"/></p><p>Degree/Credentials <input type="text"/></p></div> <div><h4>Backup Vaccine Coordinator</h4><p>*Last Name <input type="text"/> *First Name <input type="text"/> MI <input type="text"/></p><p>*Telephone <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/> *Email <input type="text"/></p><p>Degree/Credentials <input type="text"/></p></div> <div><input type="button" value="Save & Continue"/> <input type="button" value="Save & Exit"/></div>
Pandemic Vaccine Coordinators ✓	
Delivery Times ⓪	
Vaccine Storage Capacity ⓪	
Prescribing Providers ⓪	
Patient Profile ⓪	
Administration and Reporting ⓪	
Responsible Officers ⓪	

Pandemic Provider Registration

TIP: You must have at least one weekday, other than Monday, which has a four-hour designated window for delivery of vaccine shipment (for example: Friday 8 a.m. – 12 p.m.)



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PANDEMIC PROVIDER ENROLLMENT

Enroll to request COVID-19 Vaccine

Delivery Times

Provide days and times of the week when shipments of vaccine can be received. A break is provided to notate hours closed for lunches. If the additional block is not needed, notate the availability within the first section for each day provided.

PLEASE NOTE: You MUST HAVE at least one (1) weekday other than a Monday, which has a four (4) hour designated window for delivery of your vaccine shipment. For example: Thursday 8am to 12pm

Provide the times of day during the week when vaccine can be delivered to the facility.

	From Time 1	Through Time 1	From Time 2	Through Time 2
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide any special instructions for vaccine delivery

Pandemic Provider Registration

Tip: Dorm style units are never allowed



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PANDEMIC PROVIDER ENROLLMENT

Enroll to request COVID-19 Vaccine

Vaccine Storage Capacity

REFRIGERATORS

ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVs) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL OR INFLUENZA VACCINE SEASON) AT THE FOLLOWING TEMPERATURES:

*Do you have the capacity to store additional REFRIGERATED at a temperature range of 2° C to 8° C? ☒ Yes ☐ No

*Approximately how many additional 10-dose MDVs can you store at this temperature?

Provide information about refrigerators used to store vaccine in this facility

*Storage Unit Location	<input type="text"/>	*Brand & Model	<input type="text"/>
*Storage Capacity (in cubic feet)	<input type="text"/>	*Use	<input type="text"/>
*Refrigerator Type	<input type="text"/>	if Other Specify	<input type="text"/>
*Refrigerator Grade	<input type="text"/>		

Data Logger Information:

*Data Logger Type	<input type="text"/>	if Other Specify	<input type="text"/>
*Data Logger Brand & Model	<input type="text"/>	*Data Logger Serial Number	<input type="text"/>
*Calibration Expiration Date (XX-XX-XXXX): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

ADDITIONAL REFRIGERATORS

#	Storage Unit Location	Brand & Model	Storage Capacity (in cubic feet)	Use	Edit
No Records Found.					


Pandemic Provider Registration

Tip: Obtain and upload the current certification of calibration for each data logger on hand.



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⊘[Administration and Reporting](#)
⊘



PANDEMIC PROVIDER ENROLLMENT

Enroll to request COVID-19 Vaccine

Data Logger - Calibration Certificates

Below are the data loggers you have identified in use your location. Please upload a scanned copy of the certificate for each to confirm date calibration and expiration.

Instructions:

1. Save a digital image (.pdf, .bmp, .jpg, .jpeg, .tif, .tiff, or .png file types allowed) of each calibration certificate to your computer, identifying it by serial number.
2. Locate the coinciding serial number in the below list and click browse.
3. Select the calibration certificate file with the same serial number from your computer.
4. Click upload to load the certificate.

Repeat steps 1 through 4 above until all certificates have been uploaded for your location. Click continue to resume the enrollment process.

#	Data Logger Brand & Model	Serial Number	Select Certificate	Upload	Certificate Uploaded?
1	ksdjflkj	1234567894	<input type="text"/> Browse...	<input type="button" value="Upload"/>	✓

Pandemic Provider Registration

- First and last name
- Phone number
- Unique email address
- Texas medical license number
- License type
- Individual National Provider Identification Number (NPI)
- Medicaid ID

Tip: email addresses must not exceed 40 characters



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Enroll to request COVID-19 Vaccine

Prescribing Providers

Enter Provider Information

Use this page to list all health care providers at your facility with prescription writing privileges who will administer VFC Program-provided vaccines. Note: It is not necessary to include the names of all staff who may administer VFC vaccine, but rather only those who possess a medical license or are authorized to write prescriptions.

[Add Provider](#) [Upload Provider List](#) [Cancel](#)

#	Last Name	First Name	MI	Title	Specialty	License #	Medicaid #	NPI #	EIN	Edit	Remove
1	House	Henry		MD (Doctor of Medicine)	Pediatrics/Adolescent	Q1234		1234512345		Edit	✕

[Save & Continue](#) [Save & Exit](#)


Pandemic Provider Registration

Patient Population

- Provide the unique number of patients served at the organization location within the last calendar year.



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 PANDEMIC PROVIDER ENROLLMENT Enroll to request COVID-19 Vaccine																							
Location and Shipping ✓	Patient Profile <div>*Select the best description of this facility <input type="text"/></div> <p>Provide the information requested below to identify the patient served at this location.</p> <table><tr><td>*What is the total count of patients being served in this facility?</td><td><input type="text" value="0"/></td></tr><tr><td>*Do you know the number of unique patients/clients seen per week, on average?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Do you know the number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve military patients that are active duty/reserves?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve pediatric patients?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve adult patients?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve adults 65 years of age and older?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility provide care to patients in long term care facilities (nursing home, assisted living or independent living facility)?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve health care workers?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>*Does your facility serve patients experiencing homelessness?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr></table>	*What is the total count of patients being served in this facility?	<input type="text" value="0"/>	*Do you know the number of unique patients/clients seen per week, on average?	<input type="radio"/> Yes <input type="radio"/> No	*Do you know the number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve military patients that are active duty/reserves?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve pediatric patients?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve adult patients?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve adults 65 years of age and older?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility provide care to patients in long term care facilities (nursing home, assisted living or independent living facility)?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve health care workers?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)?	<input type="radio"/> Yes <input type="radio"/> No	*Does your facility serve patients experiencing homelessness?	<input type="radio"/> Yes <input type="radio"/> No
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*Does your facility serve pediatric patients?	<input type="radio"/> Yes <input type="radio"/> No																						
*Does your facility serve adult patients?	<input type="radio"/> Yes <input type="radio"/> No																						
*Does your facility serve adults 65 years of age and older?	<input type="radio"/> Yes <input type="radio"/> No																						
*Does your facility provide care to patients in long term care facilities (nursing home, assisted living or independent living facility)?	<input type="radio"/> Yes <input type="radio"/> No																						
*Does your facility serve health care workers?	<input type="radio"/> Yes <input type="radio"/> No																						
*Does your facility serve critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)?	<input type="radio"/> Yes <input type="radio"/> No																						
*Does your facility serve patients experiencing homelessness?	<input type="radio"/> Yes <input type="radio"/> No																						
Pandemic Vaccine Coordinators ✓																							
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Responsible Officers ⓧ																							
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Pandemic Provider Registration

- Each category marked “Yes” in the enrollment must include the number of unique patients served, regardless of number of visits or encounters.

Tip: Patient profile data will determine the number of allocated COVID-19 vaccine doses to your facility.



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*Does your facility serve pregnant women?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve patients from ethnic minority groups?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve patients from tribal communities?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve patients who are incarcerated/detained?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve patients living in rural communities?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve under-insured or uninsured patients?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve patients with disabilities?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve military veterans?	<input type="radio"/> Yes <input type="radio"/> No
*Does your facility serve patients with underlying medical conditions that are risk factors for severe COVID-19 illness?	<input type="radio"/> Yes <input type="radio"/> No
* Does your facility serve other populations at higher-risk for COVID-19?	<input type="radio"/> Yes <input type="radio"/> No

Save & ContinueSave & Exit

Pandemic Provider Registration

Tip: At least one category in “setting(s) where this location will administer COVID-19 vaccine” must be selected



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Enroll to request COVID-19 Vaccine

Administration and Reporting

SETTING(S) WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)

☐ Childcare or daycare facility

☐ College, technical school, or university

☐ Community center

☐ Correctional/detention facility

☐ Health care provider office, health center, medical practice, or outpatient clinic

☐ Hospital (i.e., inpatient facility)

☐ In-home

☐ Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)

☐ Pharmacy

☐ Public health clinic (e.g., local health department)

☐ School (K – grade 12)

☐ Shelter

☐ Temporary or off-site vaccination clinic – point of dispensing (POD)

☐ Temporary location – mobile clinic

☐ Urgent care facility

☐ Workplace

☐ Other (specify)

*DOES YOUR ORGANIZATION CURRENTLY REPORT VACCINE ADMINISTRATION DATA TO THE STATE, LOCAL, OR TERRITORIAL IMMUNIZATION INFORMATION SYSTEM (IIS)?

☐ Yes

☐ No

☐ Not Applicable

*Please provide an explanation for the answer you provided above.

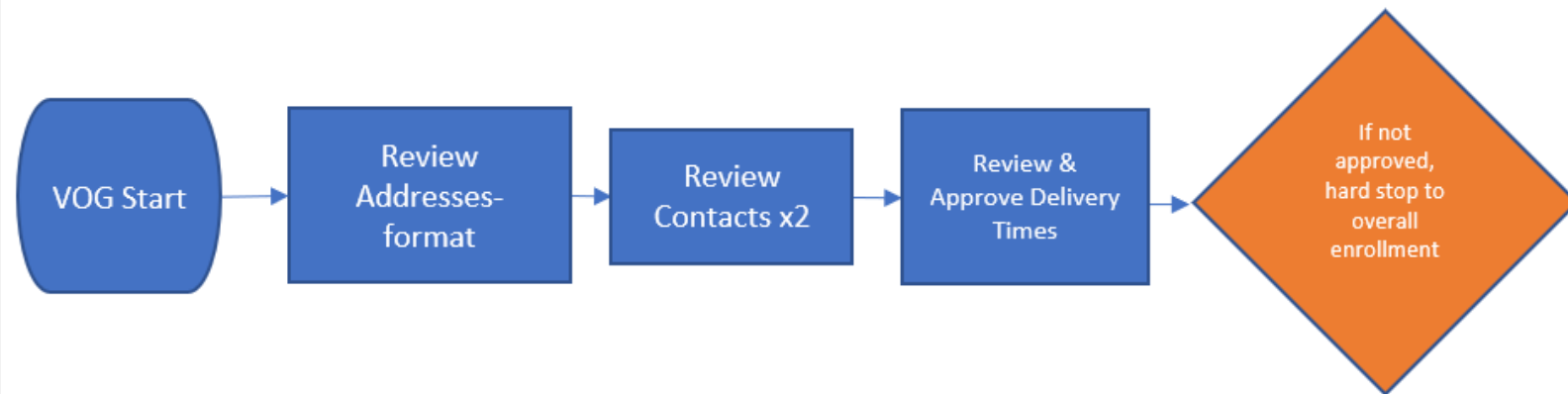
Save & Continue

Save & Exit

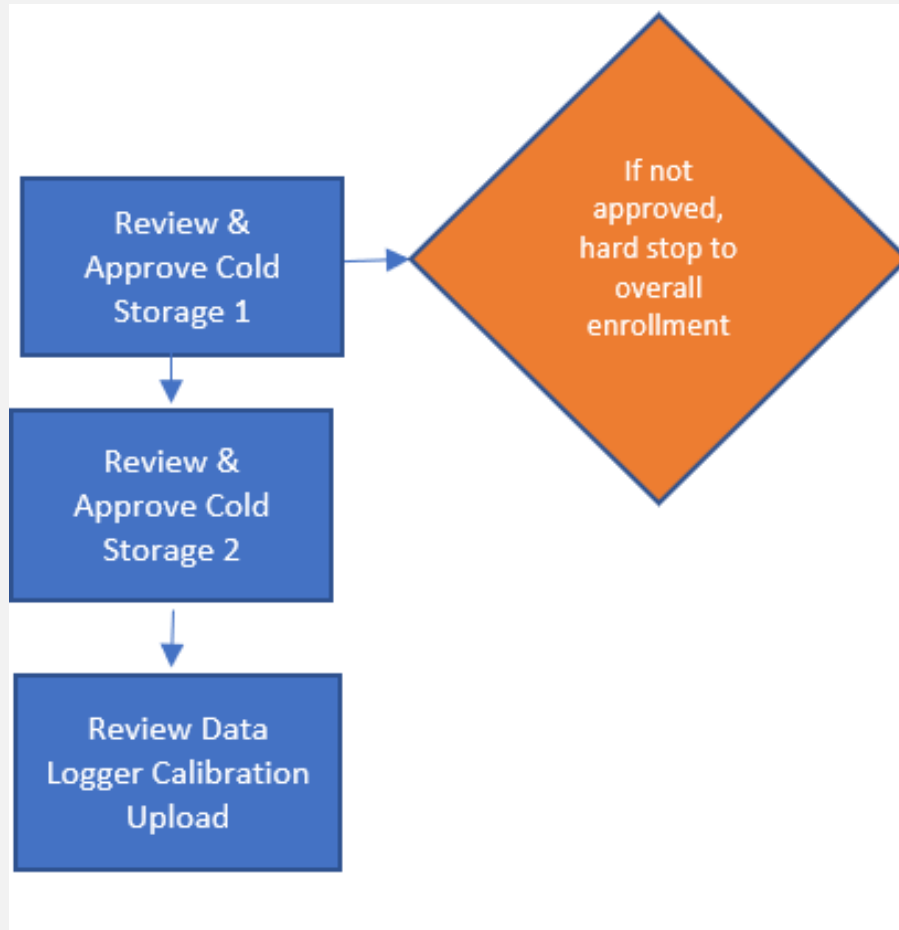
Approval Process by DSHS Staff

Hard stops are areas where the enrollment application cannot be approved due to CDC requirements (i.e. delivery times)

Approval Process by DSHS Staff



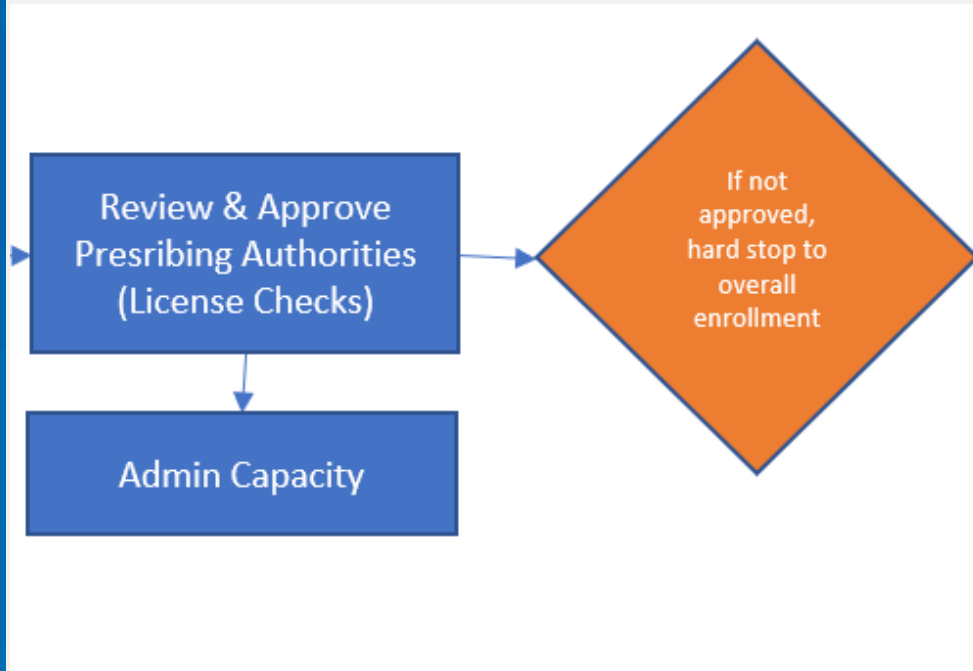
Approval Process by DSHS Staff



COVID-19 providers record the make and model of the storage units they have on site.

- No dorm style units are allowed
- Fridge/Freezer cubic feet/storage capacity
- Data Logger information
 - manufacturer
 - date of expiration
 - date of calibration

Approval Process by DSHS Staff



DSHS will review all prescribing authorities licenses.

- License status (approved, suspended, rejected, etc.)
- NPI review

Note: A provider site can have anywhere from 1 to an unknown number of licensed personnel per location, all of which will be scrutinized in the same fashion.



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Approval Process by DSHS Staff

Each enrollment will be checked for

- Patient population numbers
- Proper signatures



Expert Vaccine Allocation Panel (EVAP)



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COVID-19 Expert Vaccination Allocation Panel (EVAP)

- Texas has convened a team of appointed external and internal subject-matter experts (SME) into the COVID-19 Expert Vaccine Allocation Panel (EVAP) to develop vaccine allocation strategies as recommendations to the Texas Commissioner of Health.
- The panel will develop and apply guiding principles in their recommendations.
- The recommendations from the EVAP will be sent to the Texas Commissioner of Health for final approval.
- EVAP voting members

<https://www.dshs.texas.gov/coronavirus/immunize/evap.aspx>



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Texas Guiding Principles

- **Protecting health care workers** who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the health care infrastructure for all who need it.
- **Protecting front-line workers** who are at greater risk of contracting COVID-19 due to the nature of their work providing critical services and preserving the economy.
- **Protecting vulnerable populations** who are at greater risk of severe disease and death if they contract COVID-19.
- **Mitigating health inequities** due to factors such as demographics, poverty, insurance status and geography.
- **Data-driven allocations** using the best available scientific evidence and epidemiology at the time, allowing for flexibility for local conditions.
- **Geographic diversity** through a balanced approach that considers access in urban and rural communities and in affected ZIP codes.
- **Transparency** through sharing allocations with the public and seeking public feedback.

<https://gov.texas.gov/news/post/governor-abbott-dshs-announce-covid-19-vaccine-distribution-plan>



Texas Department of State
Health Services

COVID-19 Critical Population Update

Phase 1A Healthcare Workers Definition – First Tier

1. Hospital staff working directly with patients who are positive or at high risk for COVID-19. Includes:
 - a. Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
 - b. Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
2. Long-term care staff working directly with vulnerable residents. Includes:
 - a. Direct care providers at nursing homes, assisted living facilities, and state supported living centers
 - b. Physicians, nurses, personal care assistants, custodial, food service staff
3. EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport
4. Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients



COVID-19 Critical Population Update

Phase 1A Healthcare Workers Definition – Second Tier

1. Staff in outpatient care offices who interact with symptomatic patients. Includes:
 - a. Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.).
 - b. Clinical staff providing diagnostic, laboratory, and/or rehabilitation services
 - c. Non-91-1 transportation for routine care
2. Direct care staff in freestanding emergency medical care facilities and urgent care clinics.
3. Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individuals who may have COVID.
4. Public health and emergency response staff directly involved in administration of COVID testing and vaccinations.
5. Last responders who provide mortuary or death services to decedents with COVID-19. Includes:
 - Embalmers and funeral home workers who have direct contact with decedents
 - Medical examiners and other medical certifiers who have direct contact with decedents.
6. School nurses who provide health care to students and teachers.



Q&A



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Resources

Slides/Recordings from Weekly Forums

<https://www.dshs.texas.gov/immunize/covid19/Public-Health-Entity-Forums/>

Website for Providers:

www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx

FAQ for Providers

<https://www.dshs.texas.gov/immunize/covid19/COVIDproviderfaq.pdf>

DSHS COVID-19 Vaccine Provider hotline:

(877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or

Email: COVID19VacEnroll@dshs.texas.gov.

Website to enroll as a COVID-19 provider:

EnrollTexasIZ.dshs.texas.gov.

General Questions:

Email: COVIDvaccineQs@dshs.texas.gov